FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

3060-0076
Est. time per response:
1 hour Approved by OMB

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	ion				The second secon	ciole comple	eling and for N	r. Notice regarding public burden.]	g public bure	den.]					
BVU Authority 15022 Lee Hwy Bristol, VA 24202	f Respondent												Ch is a	Check here if this is a change of	
2. Year Report Filed 2018		3. Reportin Period C	3. Reporting Period (Ending Date of Pay Period Covered by Report) 02/25/2010	ling Date of F	ay		4. Number	4. Number of Full-Time Employees during Selected Reporting Period (check one): The control of the control o	imployees duck one):	uring Selected					
SECTION II - Full-Time Employees.	ees.	00/14	01070				b. 1	16 or more (complete all sections)	nplete all sec	ctions I, IV, au	nd V only)				
							Nur	Number of Employees	oyees						
Job							Trapolit ollip	Race/Ethnicity	v categor	y)					
Categories	Hisp	Hispanic or													
	L	Latino			<u> </u>	Male			Total Co						Total
	Male	Female	White	Black or							Female	nale			Columns A - N
				African American	Hawaiian or Other Pacific Islander	Notes	Indian or Alaska Native	races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	
Executive/Senior Level	Α	В	C	D	Ш	П	9	I	-	ر		_	≤	z	
Officials and Managers 1.1															
Managers 1.2															
Professionals 2															0
Technicians 3															0
Sales Workers 4															0
Administrative Support															0
rkers															0
															0
nd Helpers															0
															0
_	>														0
OUS YEAR TOTAL	(<	C	0	0	0	0	0	0	0	0	0	0	0	0
															0

								Nu	Number of Employees	oyees						
								(Report emp	(Report employees in only one category)	one category	/)					
Job									Race/Ethnicity	ty						
Categories	8	Hisp	Hispanic or Latino						Not-Hispa	Not-Hispanic or Latino						
						7	Male					Fer	Female			Total Columns
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	A - N
		Α	В	C	D	п	П	6	I	-	-	Islander				
Executive/Senior Level Officials and Managers	1.1								:	-	c	7		3	z	0
First/Mid-Level Officials and Managers	1.2															0
Professionals	٥															0
i orespondis	2															0
Technicians	ω															0
Sales Workers	4															C
Administrative Support Workers	5															0
Craft Workers	o															C
Operatives	7															0
Laborers and Helpers	∞															0
Consider Months																0
TOTAL																0
O A	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	1				12											0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	criminat	ion Compla	ints Pursuan	t to 47 CFR	22.321, 23.5	5, 90.168, 101.	4, and 101.3	11.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	the Com any body the Com cating pa	mission that y having com mission that mission that arties involve	no complaint npetent jurisdi the following d, date filed, c	s regarding v ction in such complaints a courts or age	violations of the matters during the matters during violation of the matters during the matter of th	ne equal emploing the calenda ons of the prowhich the matt	yment provis r year covere visions of any er has been l	sions of Federand by this report of depthis report of equal employ heard, file nun	al, state, territo t. ment opportu	orial, or local s nity statute ha lesignation, a	statutes have ave been filed	I statutes have been filed against this have been filed against this company and current status or disposition.	ainst this ompany.			
I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	knowledg	ge, information	on, and belief,	all statemer	nts in this repo	ort are true and	correct.									
05/31/2018	Typed o	Typed or Printed Name of Finney	Typed or Printed Name of Person Signing Melonie Finney	Signing		- 0	Signature					Te	Telephone No.			
Title of Person Signing Billing Manager				0 <	WILLFULLY F	ALSE STATE	WENTS MAD	E ON THIS FO	ORM ARE PU	NISHABLEB	FINE AND/	OR IMPRISO	NMENT (18 U.S.C. 1001	J.S.C. 1001)	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION	INCIPACI